





Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a
b If "Yes," was the related organization a section 527 organization? . . . . . 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here \*\*\*\*\* Signature of officer 2017-10-04 Date
JEFF ANDERSON DIRECTOR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name ELAINE W COMBS Preparer's signature Date 2017-11-07 Check [X] if self-employed PTIN P01060956
Firm's name ELAINE W COMBS CPA Firm's EIN 76-0371271
Firm's address P O BOX 148 Hungerford, TX 77448 Phone no (281) 970-5005

May the IRS discuss this return with the preparer shown above? See instructions . . . . . Yes No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 90-0635256

**Name:** THE OFFICES AT RIVERSTONE OWNERS AS

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28</b> TO PROVIDE STREETLIGHTS LANDSCAPING AND IRRIGATION TO THE ASSOCIATION TO PRESERVE THE INTEGRITY OF THE COMMUNITY  (Grants \$ )  If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	107,527

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE OFFICES AT RIVERSTONE OWNERS AS

Employer identification number

90-0635256

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Description of other revenue Part I line 8	Description Amount ATTORNEY FEES RECOVERED 776 LATE FEES AND OTHER 241

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other changes in net assets or fund balances Part I line 20	Description Amount OPENING FUND BALANCE 27,230

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Description of other assets Part II line 24	Category Beginning of Year End of Year ACCOUNT RECEIVABLE 0 640 PREPAID INSURANCE 0 280

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Description of total liabilities Part II line 26	Category Beginning of Year End of Year ACCOUNT PAYABLE 0 7,385 PREPAID ASSESSMENTS 0 17,230